## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 29, 2001 8:00 am DOCUMENT # P0000008678 **Secretary of State** 1. Entity Name FTU, INC. 01-29-2001 90189 007 \*\*\*158.75 Principal Place of Business Mailing Address 431 S CREEK DRIVE 431 S CREEK DRIVE OSPREY FL 34229 OSPREY FL 34229 D0009744 2. Principal Place of Business 3. Mailing Address P.O. BOX 2416 STICKNEY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For SARASOTA 45-0988986 ALAS Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARVIN KAPLAN HANKIN, LAWRENCE M Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET STE 400 SARASOTA FL 34237 South Creek Drive Zip Code this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change PRESIDENT TITLE ☐ Delete TITLE DANE P. DERUIZ NAME MARIE 5662 COUNTRY W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete VICE PRESIDE TITLE TITLE MARVIN KAPL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

13. I hereby certify that the information supplied with this filing does not coality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or tractee empowered to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

STREET ADDRESS

DANE P. DE

STREET ADDRESS CITY-ST-ZIP

PRES

15/01 (941) 356-Dayline Phone #